

# ST. CROIX FAMILY DENTISTRY

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## PATIENT RECORDS RELEASE FORM

I hereby request a copy of my dental records as detailed below:

- ☐ Current FMX or Panorex (if within 5 years)
- ☐ Current bitewing radiographs (if within 1 year)
- ☐ A specific portion of the record as follows:

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Records to be released to: \_\_\_\_\_  
(address and phone)

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Records will be: ☐ picked up by patient  
☐ mailed to above office

Patient name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Signature: \_\_\_\_\_

